Ministry of Health of the Kyrgyz Republic

Kyrgyz Republic - Emergency COVID-19 Project (P173766)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

March 26, 2020

Contents

List of Abbreviations

ADB	Asian Development Bank
ARIS	Community Development and Investment Agency of the Kyrgyz Republic
CARs-3	WB-funded Third Phase of Central Asian Roads Links Project
CASA 1000	WB-funded Central Asia and South Asian Regional Electricity Project
CASA 1000 CSP	WB-funded Community Support Project affiliated with CASA 1000 Project
CDC	Center for Disease Control
DCC	Donor Coordination Committee
Digital CASA	WB-funded Central Asia and South Asian Regional Digital Development Project
ESF	Environment and Social Framework
ESMF	Environment and Social Management Framework
FAP	Feldsher-midwifery post
FGP	Family General Practice
FMC	Family Medicine Center
GIZ	German Agency for International Development
GPC	General Practice Center
GRC	Grievance Review Committee
GRM	Grievance Redress Mechanism
GRS	Bank's Grievance Redress Service
HDI	Human Development Index
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
ICUs	Intensive Care Units
KPIs	Key Performance Indicators
MHIF	Mandatory Health Insurance Fund of the Kyrgyz Republic
MES	Ministry of Emergency Situations of the Kyrgyz Republic
MoES	Ministry of Education and Science of the Kyrgyz Republic
MoH	Ministry of Health of the Kyrgyz Republic
MOT	Ministry of Transport of the Kyrgyz Republic
MPI	Multi-Dimensional Poverty Index
N/A	Not applicable
NGO	Non-government organization
OHS	Occupational health and safety
PfR	Program for Results
PHCIs	Public healthcare institutions
PIG/PIU	Project Implementation Group/Unit
PoE	Point of Entry
PPE	Personal Protective Equipment
RHPC	Republican Health Promotion Center
SCITC	State Committee of Information Technologies and Communications
SEP	Stakeholder Engagement Plan
SSES	State Sanitary and Epidemiological Surveillance Service
UNDP	United National Development Programme
UNICEF	United National Children Fund
USAID	United States Agency for International Development
VC	Video conference
WBG	World Bank Group
WHO	World Health Organization

1. Introduction

1. Kyrgyzstan is a landlocked, mountainous, lower middle-income country with a population of 6.2 million and a per capital gross national income of US$ 1220. It is one of the poorest countries in Europe and Central Asia with the economy dominated by minerals extraction, agriculture, and reliance on remittances from citizens working abroad. Incomes have decreased in the recent years substantially due to fall in gold prices and deterioration of Russian economy. The COVID-19 is likely to accentuate this situation. Kyrgyzstan's HDI value for 2018 is 0.674— which puts the country in the medium human development category—positioning it at 122 out of 189 countries and territories. Multi-Dimensional Poverty Index (MPI) which identifies multiple overlapping deprivations suffered by individuals in 3 dimensions- health, education and standard of living- indicate that: 2.3 percent of the population (138 thousand people) are multidimensionally poor while an additional 8.3 percent are classified as vulnerable to multidimensional poverty (502 thousand people). The breadth of deprivation (intensity) in Kyrgyzstan, which is the average deprivation score experienced by people in multidimensional poverty, is 36.3 percent. Thus, vulnerability remains widespread with a large majority of the population being clustered near the poverty line. In COVID-19 context, Kyrgyzstan's 1,063 km of border with China which runs from the tripoint with Kazakhstan and Tajikistan makes it suspect for the spread of virus.

2. The country has a population of about 6.2 million. The population is relatively young: 67 percent of the total population is under the age of 35. About 5 percent of the population (or 278,200) is above the age of 65, of whom 61,370 are 80 or older.

3. Social cleavages in the country include: the urban/rural divide and continuing regional disparities – e.g., between the richer north (that looks outward towards China, Kazakhstan, and Russia) and the south, which is a part of the Ferghana Valley. These divisions are exacerbated by other sub-national risks such as urban overpopulation, youth unemployment and marginalization, along with the growing specter of religious radicalization. Long-term stability and growth thus depend upon meaningful inter-ethnic reconciliations and policies to accelerate inclusion, especially through stimulating growth, faster job creation and significant improvements in public service delivery. The impact of social protection measures – such as subsidized utility tariffs and generous co-payment exemptions in health – has also been blunted by poor targeting, with benefits reaching only a fraction of the poor while deepening the structural deficit.

4. The Kyrgyz health system is not sufficiently equipped to contain the spread of COVID-19 and provide the necessary treatment. As Covid-19 will place a substantial burden on inpatient and outpatient health care services, the health facilities would not be able deliver critical medical services and cope with increased demand of services to be posed by the outbreak, no intra-hospital infection control measures are in place, including no blood transfusion services to ensure the availability of blood products and their safety to prevent the transmission of viruses. The system of infection, epidemiological and environmental control in the country is multifaceted and consistently developing but cannot timely and efficiently respond the COVID-19 outbreak. The sanitary-epidemiological councils are established in all districts for coordination and addressing the issues of development, management, and improvement of the sanitary-epidemiological service, however there is a critical shortage of specialists as well as skills at public healthcare institutions (PHCIs) to secure infection control and to deal with the healthcare waste management and infection control. In many respects, the risks of infectious and parasitic diseases in public healthcare institutions are associated with inadequate provision with clean drinking water and disinfectants, especially in rural areas.

5. As of March 18, 2020, there are three cases confirmed cases of COVID-19 in the Kyrgyz Republic. The country is at high risk since it borders China, as well as Kazakhstan, Uzbekistan, and Tajikistan. At this stage, Points of Entry (PoEs) are viewed as the main channels for the disease dissemination. All 22 PoEs have temporary medical points, staffed with public health medical staff, but with limited capacity to

prevent outbreak, in case of emergency.

6. The government has limited funds to adequately prepare for the onset of the COVID-19 epidemic. All activities aimed at containing the spread of infectious diseases are funded through the Epidemic Fund of the Ministry of Health, but funding is extremely limited. The Government established a special COVID-19 Republican Headquarters under the Prime Minister.[1] The Ministry of Health has designated 24 hospitals situated in all seven oblasts for observation of suspected cases. The Republican Health Promotion Center is responsible for informing the population about the disease risk factors and prevention methods. Confirmed cases of COVID-19 will be treated in two designated hospitals: The Republican Clinical Infection Disease hospital in Bishkek and the Osh Oblast hospital. Capacities for management of severe acute respiratory infections are limited at both designated reference hospitals. Room ventilation systems in infectious disease hospitals are not available. It is in this context that the World Bank and Government of Kyrgyzstan are currently engaged in preparing an emergency project to ensure and put in place appropriate preventive as well as curative measures to limit the onset and spread of COVID-19.

2. Project Description

7. The Project objectives are aligned to the results chain of the COVID-19 SPRP. It aims to prepare and respond to the COVID-19 pandemic in the Kyrgyz Republic.

8. The project comprises the following components:

9. **Component 1: Emergency COVID-19 Response**. [US$ 11.65 million] This component will provide immediate support to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It supports enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing. It will enable the Kyrgyz Republic to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

Case Detection, Case Confirmation, Contact Tracing, Case Recording, Case Reporting.

10. The Project will help to (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities.

11. Points of entry (POE) are viewed as the main entry point for the disease into the Kyrgyz Republic. All 22 PoEs have temporary medical points, staffed with public health medical staff. These medical points will be upgraded, and staff will be provided with the necessary training and PPE. Additional vehicles will be procured to ensure transportation of suspected cases to the designated hospitals.

Health System Strengthening.

12. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care and maintain essential community services and to minimize risks for patients and

[1] The Republican Headquarters for the Prevention of the Spread of COVID-19 consist of all ministries and state agencies, including MoH, Ministry of Emergency Situations, Ministry of Interior, State National Security Agency, State Committee for Defense, Security Council, Ministry of Foreign Affairs, Ministry of Economy, Ministry of Finance, Ministry of Culture and Tourism, Ministry of Transportation and Roads, State Border Service, State Custom Service, Veterinary Service, Phytosanitary Agency and others.

health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity will be achieved through financing plans for establishing specialized units in selected hospitals.

13. As Covid-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to rehabilitate and equip selected health facilities for the delivery of critical medical services. The Project will support the minor refurbishment of 30 intensive care units (ICUs) and will finance medical supplies and equipment to establish 10 ICUs for critical cases (with at least 8 beds per each ICU).

Component 2: **Implementation Management and Monitoring and Evaluation** [US$ 0.5 million]

14. **Project Management.** This Component will support the capacity of the Project Implementation Unit, located at the Ministry of Emergency Situations to coordinate activities with MoH, RHPC, Mandatory Health Insurance Fund (MHIF) and other entities, and manage the financial management and procurement functions of the Project. The PIU will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, environmental and social safeguards, and financial management.

15. **Monitoring and Evaluation (M&E).** This component will support monitoring and evaluation of project implementation. To this end, the following would be supported: (i) *Training:* This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models. (ii) *Monitoring of project implementation:* This is a function of the PIU, which will collect relevant data from line ministries and other implementation agencies and then compile them into progress reports focusing on status of physical implementation by component, use of project funds and monitoring indicators. Facility audits will be conducted to verify indicators. Annual expenditure reviews will be conducted to assess Government commitment to strengthen the public health functions as measured by budgetary allocations and their distribution by activity. This component will include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and sub-regional or regional levels. The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries. The monitoring and prospective evaluation framework will focus on: (i) strategic relevance to the near-term support for disease outbreak detection and response, with clarity of pathways from WBG contributions to the expected outcomes; (ii) client responsiveness; (iii) WBG capacity to sustain client efforts to prevent future outbreaks of emerging infectious diseases; and (iv) timeliness and agility of co-convening functions with country policymakers and strategic partners who complement the WBG's comparative advantages.

16. The Kyrgyz Republic Emergency COVID-19 Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the implementing agency should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. And hence this is Stakeholder Engagement Plan.

17. The *overall objective of this SEP* is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate

environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

3. Stakeholder Identification and Analysis

18. Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
(ii) may have an interest in the Project ('other interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

19. Cooperation and negotiation with the stakeholders throughout the project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the project. Rural health facilities and community leaders may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

20. For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

(i) Affected Parties – persons, groups and other entities within the Project Area of Influence that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
(ii) Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
(iii) Vulnerable Groups – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status[2], and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

[2] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

3.1. Affected Parties

21. Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID-19 infected people;
- People under COVID-19 quarantine;
- Relatives of COVID-19 infected people;
- Relatives of people under COVID-19 quarantine;
- Neighboring communities to laboratories, quarantine centers, and screening posts;
- Workers at construction sites of laboratories, quarantine centers and screening posts;
- People at COVID-19 risks (elderly 75+, people leaving with AIDS/HIV, people with chronic medical conditions, such as diabetes and heart disease, travelers, inhabitants of border communities, etc.)
- Public health workers;
- Medical waste collection and disposal workers;
- Workers of large public places, including public markets, supermarkets etc.;
- Returning labour migrants and laborer's working on roads construction sites;
- Schools and colleges;
- Airport and border control staff; and
- Airlines and other international transport businesses.

3.2. Other Interested Parties

22. The projects' stakeholders also include parties other than the directly affected communities, including:

- Ministry of Emergency Situations (MES)/PIU;
- Ministry of Health, its regional & local departments, and adjunct healthcare and epidemiological surveillance institutions and PFM centers;
- Mandatory Health Insurance Fund (MHIF) under the Government of the Kyrgyz Republic;
- State Inspection on Environmental and Technical Security;
- Ministry of Education and Science (MoES) and educational institutions;
- Traditional media and journalists;
- Civil society groups and NGOs on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project;
- Social media platforms;
- Implementing agencies for the WB-funded projects working in the border regions and health improvement sector (Digital Casa- SCITC/PIU, Regional Economic Development Project-ARIS, CARs-3 -MOT/PIG, CASA CSP- ARIS, PfR Primary Healthcare Quality Improvement Project-MOH/PIU, Learning for the Future Project -MoES/PIU, Kyrgyz Audit Project MoF/PIU);
- Other national and international health organizations (Red Crescent Society, WHO, Global Fund, Aga Khan Health Services);
- Other donor organizations (ADB, UNICEF, UNDP, GIZ, and USAID);
- Businesses with international links; and
- Public at large.

3.3. Disadvantaged / vulnerable individuals or groups

23. It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals, particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

24. Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Retired elderly;
- People with disabilities;
- Pregnant women, infants and children;
- Women-headed households and/or single mothers with underage children;
- Extended low-income families;
- Unemployed; and
- Residents of public orphanages and elderly houses.

25. Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

4. Stakeholder Engagement Program

4.1. Summary of stakeholder engagement done during project preparation

26. Due to the emergency situation and the need to address issues related to COVID-19, no dedicated consultations beyond public authorities and national health experts, as well as international health organizations representatives, have been conducted so far. The Table below summaries the methods used to consult with key informants.

Table 1. Summary of Stakeholder Consultations During Project Preparation

Project stage	Topic of consultation	Methods used	Timetable: Location and dates	Target stakeholders	Responsibilities
Preparation	Project design	Meetings	On need basis, donor organizations' offices	Development donors, international health organizations	WB team, MoH Leadership
	Sectoral and Institutional Context	Interviews	MoH and other line agencies	Health institutions management	WB Health team
	Project implementation arrangements	Discussions, capacity screening	MoH PIU, and MoF PIU	WB-funded project implementation agencies	MoH Deputy Minister
	Community outreach approaches	Discussions	Office of the Republican Health Promotion Center	Health educators	Project design team

4.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

27. Once relevant sub groups of stakeholders are identified, plans are made to engage with them. Approach and methods to be adopted depends upon the needs of each sub-group and their current/ likely status and the overall project context. Project recognizes that: face to face interactions, (planned under normal circumstances) are not possible given the nature and spread of Corona Virus- 19. So, methods will have to be unique and such as to ensure that stakeholder engagement itself should not be a cause for the spread of virus. Same time, efforts are to be made not only in keeping the stakeholders informed of the project progress but also evince feedback from time to time. Considering these, the project has drawn approaches and methods which are summarized in Table – 2. Essentially, given stakeholder groups and the current status, as well as the overall expectations, the project has worked out a variety of approaches - print media as well as electronic media. SE will be held during the entire project period and special attention accorded to poor and vulnerable groups such as women, youth, elderly, female headed households etc. Given the linguistic diversity, language preferences have also been considered. All efforts will be made to evince a feedback, record the same, and address as appropriate.

Table 2. Summary of Stakeholder Needs and Preferred Notification Means

Stakeholder group	Key characteristics	Expectations	Specific communication needs (accessibility, large print, child care, daytime meetings	Language needs	Engagement method (e-mail, phone, radio, letter)
Affected Parties					
COVID-19 infected people;	Wide range of people that affected by COVID-19	Medical examination and treatment in hospitals, ad-hoc financial support to low-	Daytime phone calls, text messages and emails	Kyrgyz, Russian, English	SMS messaging, radio, phone

		income households with infected family member(s)			
People under COVID-19 quarantine;	Diverse range of people isolated from the community, different nationalities	Favorable conditions to stay in quarantine facilities	Daytime consultations on transmission, self-care, risks/ complications	Kyrgyz, Russian, English	SMS messaging, What's App, phone
Relatives of COVID-19 infected people;	Frustrated family members and unaware care-givers	Large print outs and disseminations, special instructions from health workers, hand hygiene and PPEs	Special instructions from health workers to prevent transmission	Kyrgyz, Russian	Leaflets, phone, What's App,
Relatives of people under COVID-19 quarantine	Frightened family members and concerned surrounding people	Reliable information and educational materials regarding self-care and social distancing	Information and educational materials	Kyrgyz, Russian, English	Print-outs, social media group postings, phone calls, e-mails
Neighboring communities to laboratories, quarantine centers, and screening posts	Concerned residents of local communities and employees of local enterprises/ line organizations	Awareness raising, waste management precautions, hand hygiene and PPEs; Special sessions for parents with young children to avoid outbreaks	Daytime phone calls to local community leaderships, distribution of leaflets	Kyrgyz	Print outs, information boards; Info sessions by community leaders
Workers at construction sites of laboratories, quarantine centers and screening posts	Workers engaged in renovation and rehabilitation of health facilities	Waste management precautions, hand hygiene and PPEs, safety measures	Daytime trainings and guidance	Kyrgyz	Print-outs, occupational health and safety training
People at COVID-19 risks	Discouraged elderly 75+; suspecting people leaving with AIDS/HIV; people with chronic medical conditions, such as diabetes and heart disease; travelers, inhabitants of border communities	Behavior instructions for people with chronic diseases, ad-hoc supportive treatment for HIV/AIDS positive people, instructions on extra personal health safety, awareness raising campaigns, hand hygiene and PPEs	Daytime phone calls to their relatives, text messaging of the emergency hotline contact numbers, accessibility problems	Kyrgyz, Russian	Health worker consultations and emergency contacts available, phones, print outs, ads, radio
Public health workers	Unprepared managers, doctors, nurses, lab assistants, cleaners	Occupational health and biosafety measures, PPEs, hands-on training programs, infection control and risk management planning	Daytime hands-on simulations, burn-out syndromes	Kyrgyz, Russian	Trainings, print outs,
Medical waste collection and disposal workers;	Medical nurses, cleaners, hospital incinerators' workers, waste removal & transfer workers in rural health houses	Occupational health and safety (OHS) measures, training, PPEs, waste management plans, safe waste transfer vehicles for rural health facilities	Daytime trainings and guidance	Kyrgyz	Written instructions, trainings

Workers of large public places, like public markets, supermarkets	Managers, salesmen, marketing specialists, workers, cashiers, security officers	OHS measures, hand hygiene and PPEs, extra safety measures, like social distancing	Distribution of leaflets on extra safety measures in their workplaces	Kyrgyz, Russian	Written instructions from SSES, OHS trainings, social media platforms
Returning labor migrants and laborers working on roads construction sites	Frustrated and forced to travel laborers with relatively mid income	Initial epidemiological screening at aircrafts and airports, medical check-ups, placement in quarantine facilities and continuous monitoring.	Internet access, mobile telecommuting through their relatives and employers	Kyrgyz, Russian, English	Social media platforms, e-mails, letters to foreign contractors working in the country
Point of entry staff at airports and border control staff	At risk employees working at the front lines with large amount of people	Emergency risk management skills, improved working conditions, hand hygiene and PPEs	Emergency risk management skills, information on referral mechanisms and algorithm of their actions	Kyrgyz, Russian, English	Extra OHS trainings, letters
Airlines and other international transport businesses	Large and diverse staff	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Timely notices on travel bans and relevant timely safety actions to be taken from their side; increased safety measures, extra OHS and first medical aid trainings for their staff	Kyrgyz, English	Letters, e-mails, alert notices at the MOT websites
Other interested parties					
MoH and its regional & local branches	Implementing agency and coordinating unit for COVID-19 emergency rapid response	Requires financing for immediate emergency response needs (medical supplies, equipment, staff preparedness capacity building, quality laboratories, improved quarantine centers and screening posts, enough PPEs; effective community engagement and outreach)	Communication Strategy and Action Plan to be developed and implemented, effective coordination of the diverse stakeholder engagement activities	Kyrgyz, Russian, English	Letters, meetings, e-mails, VCs
MoES and educational facilities;	The policy makers and supervisors of a wide network of educational service providers	Needs information and educational materials on prevention measures, capacity building of educators on prevention measures	Interagency communication lines and guidance on relevant outreach to schools and colleges	Kyrgyz, Russian	Letters, meetings, e-mails, VCs
Ministry of Emergency Situation (MES)	Emergency response functions	Ready to contribute funds from the WB-funded project on Enhancing Resilience in Kyrgyzstan Project (P162635) and serve as a PIU for the COVID-19 Project	Coordination of efforts between line ministries	Kyrgyz, Russian	Letters, meetings, e-mails, VCs
Traditional mass media and journalists;	National, regional and local newspapers, local and national TVs channels	Training to improve knowledge and techniques to arrange for media coverage of	Training to improve knowledge and techniques to arrange for media coverage of	Kyrgyz, Russian	e-mails, social media platforms, websites

		COVID-19 related emergency response procedures	COVID-19 related emergency response procedures		
Civil society organizations	Non-for-profit organizations on regional, national and local levels that pursue environmental and socio-economic interests and may become partners of the project	Donor funding to contribute to emergency response procedures	Donor funding to contribute to community outreach and emergency response procedures	Kyrgyz, Russian	e-mails, social media platforms, websites
Social media platforms users;	Users of Facebook, Instagram etc., active internet users	Reliable information sources, timely updates on real current situation with COVID-19 in the country, online information on how to filter false information and fake news	24/7 communications, timely and reliable source information	Kyrgyz, Russian, English	social media platforms and groups, special COVID-19 webpage to be created
Implementing agencies for the WB-funded projects working in the border regions and health promotion	ARIS, MoES PIU, MoH PIU, MoT/PIG, SCITC/PIU, ERIK PIU	Timely awareness and invitation for participation, joint action plan with their emergency response contributions	Daytime communications, timely awareness and invitation for participation, joint action plan with their emergency response contributions	Kyrgyz, Russian, English	Letters, meetings, e-mails, VCs, participation in multisectoral task force or coordination meetings
Other national, international health organizations, development donors & partners	Red Crescent Society, WHO, GIZ, Global Fund, Aga Khan Health Services, UNICEF, UNDP, USAID, ADB	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments	Frequent donor coordination meetings to avoid duplication, mapping of donor activities, synergies between donor-funded investments	English	Letters, DCC meetings, e-mails, VCs, list serves
Public at large	Urban, rural, peri-urban residents, expats and their family members residing in the country	Updated and reliable information on the current situation to reduce dissemination of false rumors and panic	Daytime communications, diverse communication channels, easy to understand tips, large print-outs	Kyrgyz, Russian, English	Mas media, SMS messaging, information boards, social media, MoH website & hotlines
Vulnerable and disadvantage groups					
Retired elderly and people with disabilities	Aged people of 62+, unable to work, physically and mentally disables people staying	Economic and social support from social workers and ad-hoc payments, home-based family doctor consultations	Daytime communications, accessibility problems, social worker assistance	Kyrgyz, Russian	Frequent social works home visits
Pregnant women, infants and children;	Reproductive age women, babies of 0-18-month age, children with weak immune system	Frequent medical check-ups by family doctors, access to free hospital services and free testing at labs	Daytime communications, child care support during meetings	Kyrgyz, Russian	Community leaders, family doctors

Women-headed households and/or single mothers with underage children;	Single mothers, divorced, widows, abandoned wives	Economic support to afford the prevention and treatment costs, access to free hospital services and free testing at labs	Daytime communications, child care support	Kyrgyz, Russian	Community leaders, family doctors
Extended low-income families;	The families have 6 or more members, many of them are underaged to work	Economic support to afford the prevention and treatment costs, access to free hospital services and no cost lab testing services	Daytime communications	Kyrgyz, Russian	Community leaders, family doctors
Unemployed	Laborers with professional skills or unskillful workers	Economic support to afford the prevention and treatment costs Tuition waivers to obtain vocational skills certificates	Large print-outs, limited access to online resources	Kyrgyz, Russian	Employment agency leaflets, sms
Residents and workers of public orphanages and elderly houses	Lonely and abandoned people residing in boarding schools or houses, underpaid workers	Need funding to improve living conditions, in-house medical services and nutrition	Accessibility problems	Kyrgyz, Russian	Letters to the Managers of Houses, site visit to assess their poor situation

4.3. Proposed strategy for information disclosure and consultation process

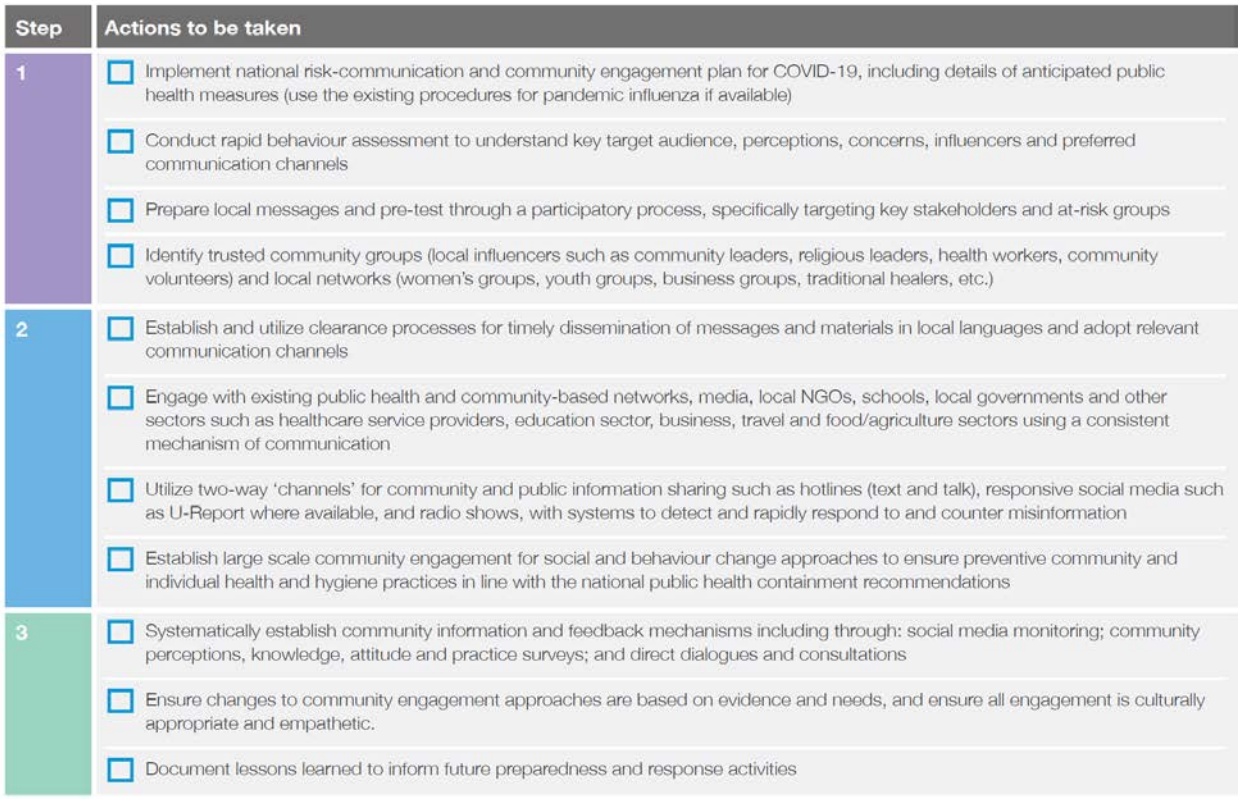
28. In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to participate in the Project benefits. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

29. The project will thereby have to adapt to different requirements. While country-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centers and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

30. The draft ESMF prepared during the project preparation will be consulted within a month of the project effectiveness. They will be updated regularly including following virtual consultations. They will be disclosed at the official sites of the MoH and MES/PIU.

31. The Implementing Agency will follow the below steps to arrange for nation-wide risk communication and community engagement activities:

Figure 1. Strategic Steps on Nation-wide Risk Communication and Community Engagement Activities



Step	Actions to be taken
1	☐ Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)
	☐ Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels
	☐ Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups
	☐ Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)
2	☐ Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels
	☐ Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication
	☐ Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation
	☐ Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations
3	☐ Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations
	☐ Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.
	☐ Document lessons learned to inform future preparedness and response activities

32. The project will build synergies with other development donors and will use the information and educational materials produced by them during the outreach campaigns. The stakeholder engagement expenses will be covered under Component 2. The table below briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information at four levels to target the wide range of stakeholder groups and the timetables.

Table 3. Information Disclosure Proposed Methods during Implementation Stage

Project stage	Information to be disclosed	Methods proposed	Timelines/ Locations	Target stakeholders	Percentage reached	Responsibilities
National level	Prevention tips, personal hygiene promotion	Audio reels Video clips	National radio and TV twice daily	Adults, adolescents, children	90% of population	MoH/RHPC Community Outreach Officers
	Dos and Don'ts	Printed booklets	National wide	Schools	20%	MoES school departments
	Dos and Don'ts	Information & educational materials	Social media platforms, WhatsApp groups	Internet users, youth	20% of population	RHPC Community Outreach Officers

	Hotline	Phone consultations, text instructions	24/7 MoH Information Center, WhatsApp group	Public at large	TBD	Health professionals
	Quarantine measures, travel bans	Leaflets, e-news	List serves, internet news, website news, info boards	Travelers	N/A	Airport and border staff
Regional level	Prevention tips	Audio reels Video clips	regional radio and TV twice daily	Adults, adolescents, children	70% of each region	Republican Health Promotion Center's (RHPC) Community Outreach Officer through regional TV and Radio companies
	Helplines	Phone consultations	24/7 regional focal points at health facilities	People at risk, infected, relatives of infected people	15% in each region	Medical focal points at regional level
	Quarantine measures, travel bans	Leaflets	Info boards	Travelers	N/A	Regional airport and border staff
	WHO COVID-19 guidance documents and protocols	Print-outs and e-materials, trainings	Regional centers, quarterly	Medical staff	25%	Regional health institutions managers
District level	Treatment protocols and practices	Print-outs and e-materials, trainings	District centers, quarterly	Medical staff	75%	District health institutions managers
	Prevention tips, Emergency contact numbers	Posters on info board at akimats, health facilities entrances	District centers, constantly	District center population	80%	District authorities, managers of GPCs, SSESs, health promotion centers branches, FGPs
Community level	Treatment protocols and practices	Print-outs and e-materials, trainings	District and village centers quarterly	Medical staff of rural health houses and PHCs	60% of rural medical staff	District and rural health institutions managers, FAPs
	Prevention tips Emergency contact numbers	Posters on info board at ayil okmotus and FAP/FGP entrances	Rural health houses, constantly	Village population	80%	Village authorities, FGP managers
	Prevention tips Emergency contact numbers	In-house outreach	Vulnerable households	People at risk	80%	Doctors, feldshers, nurses, social workers

4.4. Proposed strategy for consultation

33. The following methods will be used during the project implementation to consult with key stakeholder groups, considering the needs of the final beneficiaries, and in particular vulnerable groups. Proposed methods vary according to target audience.

Table 4. Stakeholder Consultation Methods Proposed during Implementation Stage

Consultation Level	Topic of consultation	Method	Timeframes	Target stakeholders	Responsibilities
Nation wide	Communication Strategy Development	Interviews / phones/ sms/ emails	1st month	journalists, CSOs leaders, educators and health workers	MoH and MoF PIU
	GRM operations	Phone interviews	1st month	Regional focal points and hospital managers	MoH
National	Hotline establishment and maintenance at MoH	Discussions with line ministries, administrators and users	1st month	Hotline administrators and users	MoH assigned person
Nation-wide	Communication activities	Multiple channels	Starting from 2nd month and ongoing	Public at large	MoH affiliated structures supported by MoF PIU
National Level	Information and education materials content and printing	Discussions	2nd month	Republican Health Promotion Center, UNICEF, WHO	MOH
National and regional levels	Media coverage of COVID-19 risk management procedures	trainings	2nd month	Traditional and social media journalists	Republican and Regional Health Promotion Centers, MoH experts, WHO experts
National level	Medical supply and equipment installation mapping	Discussions	2nd month	Other donors and MoH officials	MHIF
Regional level	WHO COVID-19 protocols and treatment advices, infection control measures	Hands-on trainings	2nd month and further as needed	Health managers, family doctors, nurses	MoH regional experts
Regional and District level	Rehabilitation works at medical facilities, quarantines, isolation and screening centers	Information boards near the sites	3rd month	Communities nearby the civil works site	Republican Center for Health Promotion

District Level	Implementation of Medical and Construction Waste Management Plan	Meetings, site visits	3rd month, further on monthly basis	Waste producers and collectors and removers/burners	SSES Department and its local affiliates
Community level	Current safety measures taken at the household level	In-house outreach	1st month and ongoing on monthly basis	Vulnerable and disadvantage groups	Aiyl okmotus, family doctors, feldshers, nurses

34. The details will be prepared as part of the respective Communication Strategy within one month of effectiveness and consequently this SEP will be updated to outline how the above points will be implemented for the different areas to be funded by the Project.

35. Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases as well as their relatives.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

36. **The Ministry of Health will be the implementing agency for the Project**. An existing Project Implementation Unit (PIU) in the Ministry of Emergency Response will provide implementation and project management support, including environmental and social safeguards, procurement and financial management, to the MoH. The MoH Department of Disease Prevention and State Sanitary Epidemiological Surveillance will be responsible for the day-to-day management and coordination of activities supported under the Project, including the stakeholder engagement activities. The SEP activities will be funded under the Component 2 of the project. Some educational and outreach activities, such as health worker and journalists' trainings may be funded by other development donors (including WHO) to be coordinated by the MoH.

5.2. Management functions and responsibilities

37. The *Republican Headquarters* for the Prevention of the Spread of COVID-19, led by the Prime Minister of the Kyrgyz Republic, will play *a steering role i*n the national response overall and for the project interventions specifically. It includes representatives from all ministries and state agencies, such as the MoH, Ministry of Emergency Situations, Ministry of Finance, and Ministry of Foreign Affairs. The MoH has also established its own COVID-19 Headquarters and a 24/7 Secretariat. The MOH taskforce is represented by the Public Health Department of MoH, Department of Health Care Delivery and Drug Policy, Department of Disease Prevention and State Sanitary Epidemiological Surveillance, Republican Center for Quarantine and Especially Dangerous Infections, Department of Drug Supplies and Medical Equipment, and the Republican Health Promotion Center. The MoH is responsible for the coordination and implementation of COVID-19 activities. The Deputy Minister of Health assigned to the COVID-19 response team will be responsible for the execution oversight of project activities and will regularly report to the Deputy Prime Minister and Republican Headquarters on project activities as part of overall response reporting.

38. The *MoH Department of Disease Prevention and State Sanitary Epidemiological Surveillance* will

be responsible for the *day-to-day management and coordination* of activities supported under the Project. In addition, other technical divisions at the MOH, research institutes, national medical services, regional and local health authorities, village health communities, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates.

39. An existing *Project Implementation Unit (PIU) in the Ministry of Emergency Situations (MES)* will provide implementation and project management support, including *procurement and financial management*, to the MoH. It has extensive experience with World Bank procedures and is currently implementing Enhancing Resilience in Kyrgyz Republic (P162635) and Central Asia Hydromet Modernization Project (P120788), including additional financing projects financed by the Bank. The PIU will directly implement certain technical activities, including procurement of medical supplies, equipment, and renovation works. The PIU will also oversee preparing a consolidated annual workplan and a consolidated activity and financial report for the project components. The PIU will work closely with the MoH, which will provide the necessary documentation, including technical specifications for procurement. The PIU will also be supported by the Mandatory Health Insurance Fund (MHIF) in channeling funds and preparing respective financial reporting on the use of the funds under component 1 for health care system preparedness activities at health care facility level.

40. As the PIU has limited capacity to administer proper implementation of the environmental and social framework elements, it will also *deploy the staff needed for the meet the new ESF standards requirements*.

41. MoH and its affiliated organizations (Republican Health Promotion Centre in particular) will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

42. The nature of the project requires a partnership and coordination mechanisms between national, regional and local stakeholders.

6. Grievance Mechanism

43. The main *objective of a Grievance Redress Mechanism* (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project activities;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

6.1. Description of GRM

44. MoH and MHIF will use the existing institutional Grievance Redress Mechanism (GRM) to address all citizen complaints and requests.[3] The system and requirements (including staffing) for the grievance

[3] MoH has a wide range of health institutions at the national, regional, district and rural levels. Each health institution manager is responsible to receive and handle at his respective level and if not resolved, the complaint can be escalated to the upper level

redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are incorporated embodied in this GRM. In emergency situation, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large. As a part of the outreach campaigns, MoH and its affiliated Republican Health Promotion Center will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback at the COVID-19 Information Center established recently. The project will utilize this system (hotline, online, written and phone complaints channels) to ensure all project-related information is disseminated and complaints and responses are disaggregated and reported.

45. According to the Law "On Guarantees and Free Access to Information" (amended 28 December 2006), each state agency is obliged to provide relevant information to citizens and NGOs within a period of two weeks. This is now widely used by citizens and NGOs, and they regularly channel their voices to the Ministry of Health and the Mandatory Health Insurance Fund (MHIF) through their websites www.med.kg and www.appeal.foms.kg. Any citizen can get information regarding COVID-19 prevention measures, testing possibilities and treatment referrals, as well as free file a complaint through below described channels.

46. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up.

Channels for accessing COVID-19 information and submitting grievances with the MoH

1. Central hotlines: 0312660663 (MoH), 0312323202, 0312323055, 0550033607 (SSES);
2. Regional hotlines: 0322270755 (Osh Health Dept), 03123318767 (Bishkek Health Dept.)
3. WhatsApp: 0770895556;
4. Web-site address: www.med.kg.
5. Verbal or written grievance received during working meetings/personal appointments;
6. Incoming correspondence via courier to MoH general department;
7. Incoming correspondence by e-mail: mz@med.kg
8. Contact # of MoH public reception: +996 (312) 621023
9. MoH address: 148 Moskovskay St., Bishkek, Kyrgyz Republic

Channels for submitting grievances with the MHIF

1. National hotline: 113 (free of charge call);
2. Web-site address: www.forms.kg.
3. Verbal or written grievance received during working meetings/personal appointments;
4. Incoming correspondence via courier to MHIF;

or directly to the MoH or MHIF. Considering that the public health service are state insured, MHIF being the single payer in the state-run health system, MHIF monitors quality of medical services and manages the grievances. The existing complaint mechanisms will be utilized by the project to accept and solicit feedback to promote the citizen right on access to information and feedback. More details could be found in Annex 2.

5. Incoming correspondence by e-mail: mail@foms.kg
6. Contact # of MHIF public reception: +996 (312) 663551
7. MHIF address: 122 Chui Street, Bishkek, Kyrgyz Republic

Regional branches of MHIF:

- Bishkek City: 42 Mederova Street, Bishkek, tel (0312) 548737, 543231
- Chiy Oblast: 43 Razzakova Street, Bishkek, tel. (0312) 665362, 666273
- Osh Oblast: 53 Shkolnaya Street, Osh, tel. (03222) 56732, 56696
- Jalalabad Oblast: 15 Lenin St., Jalalabad city, tel. (03722) 20244, 21774
- Talas Oblast: 166 Berdike B St., Talas city, tel. (03422) 56026, 56875
- Batken Oblast: 14 Khojaeva St., Batken city, tel. (03622) 50640, 50178
- Issyk-kul Oblast: 21 1 Maya St., Karakol city, tel. (03922) 52055, 56727
- Naryn Oblast: 49 Sheralieva St., Naryn city, tel. (03522) 50387, 55686

47. The citizens can also access information on COVID 19 prevention and quarantine measures with the closest rural and district health facilities (FAPs, FGP), SSES centers, health promotion centers, FMCs, as well as they can file *their concerns and complaints with ayil okmotus or akimats to be informed on further actions.*

Taking advantage of the presence and role of PIU of MES, this can also serve as a channel.

Hotline of the Ministry of Emergency Situations (MES)

48. Citizens from all over the country can dial the national hotline of the Ministry of Emergency Situations requesting for an emergency assistance. Hotline number: 112 (free of charge call). All complaints received will be passed on to the MOH for redressal.

49. Complaints can be also submitted to the MES PIU by phone 0312 316349, and email: erik.mes.kg@gmail.com

6.2 Receiving Grievances

50. When receiving a grievance, the following points are determined:
    - Type of grievance;
    - Category of the grievance;
    - Persons responsible for review and execution of the grievance;
    - Deadline for grievance resolving;
    - Agreed actions.

51. After the type of action is determined, the hotline operator registers details regarding the actions in the incoming correspondence journal. The complainant will receive a notification by phone on the following:
    - Full name of the executor (head of the department) to whom the grievance was forwarded;
    - Redressal will be made within a maximum of 7 working days;
    - The deadline and actions are determined in accordance with the MoH instructions for handling the grievances.

52. *Notification.* Notification will be registered in the outgoing correspondence logbook. The MoH

Grievance Focal Point (GFP) specialist will assist the applicant at all stages of his grievance and ensure that his grievance is properly handled.

53. In case the affected person is not satisfied with the decision resulting from the consideration of grievance, he / she has the right to appeal. Appeal claim is considered by the special MoH Grievance Review Committee (GRC) headed by senior MoH official. The GRC will be represented by the heads of departments, who will conduct hearings of appeals. After review of the appeal, if the citizen / beneficiary is unsatisfied with the solution, he/she has the right to appeal the decision in a judicial procedure or use the World Bank Grievance Redress System stated below.

6.3 Monitoring and Reporting on Grievances

54. The MoH Grievance Focal Point will be responsible for:

- Collecting and analyzing the qualitative data from GFPs on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

55. Quarterly reports to be submitted to the WB shall include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the involuntary resettlement and number of resolved grievances, if any;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Any correction measures taken.

6.4 World Bank Grievance Redress System

56. Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service). A complaint may be submitted in English, Kyrgyz or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Country Office in Bishkek: 210 Moskovskaya Street, Bishkek, Kyrgyz Republic, bishkek@worldbank.org , Tel. +996 312 625262

57. The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by

the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s, and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

58. In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

7. Monitoring and Reporting

59. The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders;
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

60. Further details will be outlined in the updated SEP, to be prepared within 1 month of effectiveness, based on the details of the Communication Strategy.

Annex 1. Existing GRM of the MoH and MHIF

Grievance Redress Mechanisms

with Ministry of Health and Mandatory Health Insurance Fund of Kyrgyz Republic

According to the Law "On Guarantees and Free Access to Information" (amended 28 December 2006), each state agency is obliged to provide relevant information to citizens and NGOs within a period of two weeks. This right is now widely used by NGOs and they regularly submit enquiries to the Ministry of Health, the MHIF, the Department of State Sanitary-Epidemiological Surveillance and the Department of Drug Provision and Medical Equipment.

Information about patient rights in the health sector is accessible on the web sites of the Ministry of Health, www.med.kg and the MHIF, www.foms.kg . Moreover, the MHIF has carried out public awareness campaigns, including the dissemination of information leaflets, the publication of articles in newspapers and broadcasts on national television and radio. Telephone hotlines are available at the central MHIF agency and all its regional departments. Any citizen can get information regarding health services and patient rights through these hotlines.

Complaint procedures. Although a wide range of patient rights are included in the Health Protection Law, some of them are not implemented. Many of the problems with implementation stem from the underfinancing of the health sector, resulting in patients failing to receive the full range of services to which they are entitled by law.

There are several mechanisms for patients or the population in general to provide feedback in the health sector, including:

- writing letters of complaint to the Ministry of Health and subordinated agencies;
- attending regularly available personal appointments with the Minister of Health or his/her deputies, the heads of departments of the Ministry of Health and the heads of subordinated agencies;
- airing complaints in the mass media in special sections or at particular times (such as "questions and answers", hotlines, or "you ask – we answer"); and
- using "trust" phones.

In situations where patient rights are violated, patients can address their complaints to the manager or other senior staff of the health facility where they received health services, to the appropriate professional association or to a civil court. All complaints are registered and in some cases further investigated by a specially established commission. Following the work of the commission, the manager of the respective health facility is informed about the outcome of the investigation. Where infringements of patient rights have been established, the manager of the health facility imposes a legally defined penalty on the member of staff who has violated patient rights.

If the commission concludes that the treatment was of poor quality, the regional department of the Mandatory Health Insurance Fund (MHIF) imposes penalties on the respective health facility, according to the Law "On Health Insurance of the Citizens of the Kyrgyz Republic" (1999), which regulates the management and quality assurance of medical services. Where irregularities in the use of earmarked health care funds are found in the regular check-ups of health facilities by the regional departments of the MHIF, the case is handed over to the Ministry of Health.

The response will be provided within 14 working days, during which meetings and discussions will be held with the aggrieved person. If the problem cannot be resolved within 14 working days, the

complaint is to be considered at the next level. The complainant is to notified of the fact that their complaint is transferred to the next instance and that redress will take 30 working days. If the complainant is not satisfied or if response to the complaint was not provided within 30 working days, the complainant has the right to send the case for a trial to the local court.

The MHIF bears the primary responsibility for protecting patient rights to health care. It has a central unit as well as regional (*oblast*) units whose main function is to work directly with patients for the protection of their rights.

Specifically, each regional unit has the following tasks:

- to operate a hotline;
- to investigate complaints and ensure corrective measures are taken;
- to conduct information and awareness campaigns on patient rights;
- to work with civil society organizations on issues related to patient rights, particularly in the area of HIV/AIDS;
- to liaise with the broader quality assurance system; and
- to carry out regular patient satisfaction surveys.

A telephone hotline number is prominently displayed in all health facilities. In addition, it is regularly advertised in local newspapers and sometimes distributed directly to the population as part of a calendar or other promotional items. The purpose of the hotline is to receive calls from patients concerning under-the-table payments, negligence, low quality of services and refusal of service on discriminatory grounds, such as having certain diseases or inability to pay. When a call is received, a unit specialist registers the call in a database for further action, such as a visit to the facility in question by the unit's staff. If the enquiry by the unit shows that the complaint is justified, the MHIF formally requests the facility to take specific corrective actions within a certain time period. The case is open until the MHIF confirms that the required actions have been taken. Failure to follow MHIF's initial recommendations leads to further interventions by the MHIF.

The hotline number is free, but lack of telephone lines in some rural areas still limits access to it. The central unit receives approximately 8–10 calls per day and has eight full-time staff to provide follow-up. At the *oblast* level, approximately three or four calls are received each day and each unit has three or four members of staff.

In addition to responding to specific complaints, experts from each regional unit visit randomly selected facilities to check the quality of health services, review the volume and use of formal co-payments and observe the patient–health worker interaction to ensure that patients are treated with respect. Violations of approved clinical protocols and patient rights are recorded and followed by a formal letter to the facility manager, who is required to respond in a given time frame providing evidence of corrective measures that have been taken. These random checks are carried out on a quarterly basis.